

Prior Authorization Checklist

Submitting a prior authorization (PA) is an important step in the prescription approval process.

PA criteria vary from plan to plan, which is why it is always a good first step to review any guidelines that are required by the health plan. Visit the health plan's website or contact them directly for information, including forms and phone numbers.

Use this checklist to help when submitting a PA form:

There are several reasons why a health plan may require a PA, including:

- To determine if coverage is appropriate based on the patient's clinical information
- Prevention of drug misuse or inappropriate use
- Administration of step therapy
- Administration of quantity limits or management rules
- Exception process for a closed formulary

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When completing a PA be sure to fill in as much information on the form as possible. Incomplete information can lead to a PA denial.

Use the checklist below when filling out and submitting a PA form:

PATIENT INFORMATION	CLINICAL INFORMATION
Name	Setting of care
Date of birth	Date of service
Policy number	Diagnosis codes and descriptions (ICD-10-CM)
Member ID#	NDC codes, procedure/service requested HCPCS codes and descriptions
Group number	Letter of medical necessity and relevant
Gender	clinical support
PATIENT HISTORY	☐ Medical records
Date of diagnosis	☐ Lab reports
Previous treatments, procedures, and dates	
Contraindications	Track the following throughout —
Comorbidities	the submission process:
Response to treatment	
Recent symptoms and conditions	✓ Dates and methods of correspondence (phone, mail, email, fax, and web)
PROVIDER AND FACILITY INFORMATION	✓ Names of insurance contacts and reviewers
Name	Summaries of conversations and copies of
Address	written documents from insurer
Telephone number	✓ Reference numbers from phone conversations
Fax phone number	
☐ NPI	

HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=The International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code; NPI=National Provider Identifier.

